

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

109

1. Place of Death: (a) County Greenlee (b) City or Town Duncan (c) Location ---
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 55 yrs.; in Arizona 63 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Greenlee (c) City or Town Duncan
(If outside city limits also write RURAL)
(d) Street No. --- (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Joseph Clarence McGrath (b) If Veteran --- (c) Social Security No. 527-14-3515

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Loretta May Mc Grath 6. (c) Age of husband or wife, if alive 56 yrs.

7. Birthdate of deceased Nov. 15, 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 10 If less than one day
hrs. --- min. ---

9. Birthplace Concho Arizona
(City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business General

12. Name James Alonzo McGrath

13. Birthplace Maso, Georgia
(City, town or county) (State or Country)

14. Maiden Name Delida Stewart

15. Birthplace Alabama
(City, town or county) (State or Country)

16. (a) Informant's own signature Willard McGrath

(b) Address Duncan, Arizona

17. (a) Burial, Cremation or Removal

(b) Place Franklin, Ariz. (c) Date 1-27 19 48

18. (a) Embalmer's Signature W. Earl Starnell

(b) Funeral Director W. Earl Starnell

(c) Address Duncan, Ariz.

19. (a) Jan 26 1948
(Date received local Registrar)

(b) E. D. Romney
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 25, 19 48
TIME (Hour and minute) 11 A. M.

21. I hereby certify that I attended the deceased from Jan. 20
19 48 to Jan. 25, 19 48

that I last saw him alive on January 25, 19 48

and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Endocarditis, acute

Due to ---

Due to ---

Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: none

Of operations ---

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? ---
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

(Specify type of place)

While at work? --- (e) Means of injury ---

23. Signature A. T. Neighbor, M.D. M. D.

Address Duncan, Arizona Date signed Jan. 25, 1948

DURATION
5 days
3 days

PHYSICIAN

Underline the cause to which death should be charged statistically